

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90046 016 ****61.25

DOCUMENT # 751888

1. Entity Name

PINE COURT OF OAK TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**C/O ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY. #10
LAKEWORTH FL 33460**

Mailing Address

**C/O ASSOCIATED PROPERTY MANAGEMENT
400 S. DIXIE HWY. #10
LAKEWORTH FL 33460**

2. Principal Place of Business

1928 Lake Worth Rd

3. Mailing Address

1928 Lake Worth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Lake Worth, FL

City & State

Lake Worth, FL

4. FEI Number

59-2066991

Applied For

Not Applicable

Zip

Country

33461

Zip

Country

33461

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT
400 S DIXIE HWY STE 10
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

Associated Prop. Mgmt.

Street Address (P.O. Box Number is Not Acceptable)

1928 Lake Worth Rd

City

Lake Worth

FL

Zip Code

33461

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	☐ Delete
NAME	BURNS, PENNY	
STREET ADDRESS	4677 OAK TERRACE DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	VD	☒ Delete
NAME	SCHWEINBERG, BETTY	
STREET ADDRESS	2003 4TH STREET	
CITY-ST-ZIP	BAY CITY MI 48708	
TITLE	PD	☒ Delete
NAME	LECHIFFLARD, PATRICIA	
STREET ADDRESS	4717 OAK TERRACE DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	DT	☒ Delete
NAME	DOUGHERTY, CRAIG	
STREET ADDRESS	448 GLENWOOD DR.	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	VD	☒ Delete
NAME	LECHIFFLARD, P	
STREET ADDRESS	4717 OAK TERR DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	Lisa Edwards	
STREET ADDRESS	4607 Oak Terrace Dr.	
CITY-ST-ZIP	Greenacres City, FL 33463	
TITLE	VA	☐ Change ☒ Addition
NAME	Bruce Metrie	
STREET ADDRESS	4683 Oak Terrace Dr	
CITY-ST-ZIP	Greenacres City, FL 33463	
TITLE	TO	☐ Change ☒ Addition
NAME	Muriel Barry	
STREET ADDRESS	4601 Oak Terrace Dr.	
CITY-ST-ZIP	Greenacres City, FL 33463	
TITLE	D	☐ Change ☒ Addition
NAME	Christi Niemeyer	
STREET ADDRESS	4659 Oak terrace Dr.	
CITY-ST-ZIP	Greenacres, FL 33463	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Muriel Barry

CR2E037 (10/02)